



**BANKING DEPARTMENT
STATE OF NEW HAMPSHIRE
64B OLD SUNCOOK RD
CONCORD NH 03301-5151**

TEL: (603) 271-3561

FAX: (603) 271-0750

CONSUMER COMPLAINT FORM

COMPLAINT REPORTED BY:

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ BUSINESS PHONE (____) _____

COMPLAINT REPORTED AGAINST:

NAME OF FINANCIAL INSTITUTION _____

STREET _____ CITY _____ STATE _____ ZIP _____

PERSON YOU DEALT WITH _____ PHONE (____) _____.

INFORMATION:

1. THIS COMPLAINT CONCERNS:

DEPOSIT _____ LOAN _____ TERM _____ APPLICATION _____

RATE _____ POINTS _____ TAX ESCROW _____ OTHER _____

2. WAS AN APPLICATION, NOTE OR CONTRACT SIGNED? YES _____ NO _____

DATE _____

3. TYPE OF DEPOSIT _____ OR LOAN _____

4. TERMS STATED IN THE GOOD-FAITH SETTLEMENT

RATE _____ AMOUNT _____ TERM _____

5. TERMS OF COUNTER OFFER

RATE _____ AMOUNT _____ TERM _____

6. WAS LOAN OR SERVICE ADVERTISED? YES _____ NO _____

IF YES, BY: RADIO _____ TV _____ NEWSPAPER _____ OTHER _____

DATE AND PLACE AD APPEARED _____

ATTACH COPY OF AD, IF AVAILABLE.

7. HAVE YOU COMPLAINED TO THE INSTITUTION? YES _____ NO _____

IF YES, TO WHOM? _____

WAS COMPLAINT MADE BY: PHONE _____ LETTER _____ IN PERSON _____

8. HAS THE COMPANY STARTED FORECLOSURE? YES _____ NO _____ N/A _____

9. HAS THE COMPANY REPOSSESSED A VEHICLE OR OTHER PERSONAL PROPERTY?

YES _____ NO _____ N/A _____

10. HAVE YOU HIRED A LAWYER? YES _____ NO _____

NAME _____

11. STATE BRIEFLY, THE FACTS OF YOUR COMPLAINT. DESCRIBE THE PROBLEM, INCLUDING DATES OF TRANSACTIONS, CLAIMS THE INSTITUTION MAY HAVE MADE, AND THE REMEDY YOU WOULD PREFER. ONLY LIST INFORMATION THAT WILL BE HELPFUL TO THE DEPARTMENT AND THE INSTITUTION IN ADDRESSING YOUR COMPLAINT.

REMEDY REQUESTED:

SIGNATURE _____ DATE _____

RETURN THIS FORM AND DOCUMENTS TO ADDRESS INDICATED ON FRONT